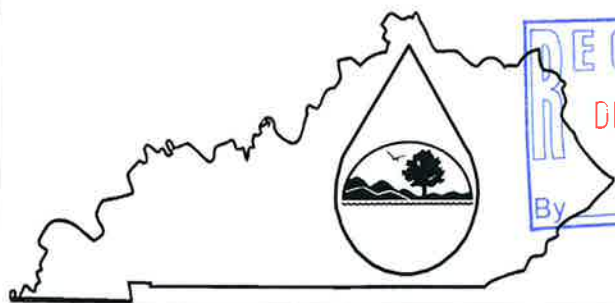


KPDES FORM 1

AZ# 983

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM



PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

CK 1500

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	0	0	6	6	6	2	1
A. Name of Business, Municipality, Company, Etc. Requesting Permit Mammoth Cave National Park									
B. Facility Name and Location					C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner's mailing address (if different) in D.				
Facility Location Name: Great Onyx Job Corps					Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Steve Kovar				
Facility Location Address (i.e. street, road, etc., not P.O. Box): 3115 Ollie Ridge Road					Mailing Address: PO Box 7				
Facility Location City, State, Zip Code: Mammoth Cave, KY 42259					Mailing City, State, Zip Code: Mammoth Cave, KY 42259				
D. Owner's name (if not the same as in part A and C):					Facility Contact Telephone Number: 270-758-2100				
Owner's Mailing Address:					Owner's Telephone Number (if different):				

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: This wastewater treatment plant is a facultative lagoon system. It provides service to a Job Corps center, 100% domestic.

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code &
Description:

250 person student center

8331 Job Training and Vocational
Rehabilitation Services

Other SIC Codes:

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located:

Edmonson

City where facility is located (if applicable):

Mammoth Cave, Kentucky

C. Body of water receiving discharge:

Nolin River

D. Facility Site Latitude (degrees, minutes, seconds):

37 14' 53"

Facility Site Longitude (degrees, minutes, seconds):

86 14' 25"

E. Method used to obtain latitude & longitude (see instructions):

Topo Map

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**

☐ Publicly Owned ☐ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☒ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:

Chester M. Guy

Telephone Number:

270-758-2169

Operator Mailing Address (Street):

P.O. Box 7

Operator Mailing Address (City, State, Zip Code):

Mammoth Cave, KY 42259

Is the operator also the owner?

Yes ☐ No ☒

Is the operator certified? If yes, list certification class and number below.

Yes ☒ No ☐

Certification Class:

Wastewater Treatment II

Certification Number:

6248

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

KY 0066621

Issue Date of Current Permit:

July 27, 2004

Expiration Date of Current Permit:

July 31, 2009

Number of Times Permit Reissued:

4

Date of Original Permit Issuance:

February 1983

Sludge Disposal Permit Number:

Kentucky DOW Operational Permit #:

Kentucky DSMRE Permit Number(s):

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):

Steve Kovar

DMR Official Telephone Number:

270-758-2101

B. DMR Mailing Address:

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:

WATERS Lab

DMR Mailing Address:

1906 College Heights Blvd., #61066

DMR Mailing City, State, Zip Code:

Bowling Green, KY 42101

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:

Intermediate Non-POTW

Filing Fee Enclosed:

1500.00

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):

Mr. ☒ Ms. ☐ Steve Kovar P.E.-Chief of Facilities Management

TELEPHONE NUMBER (area code and number):

270-758-2101

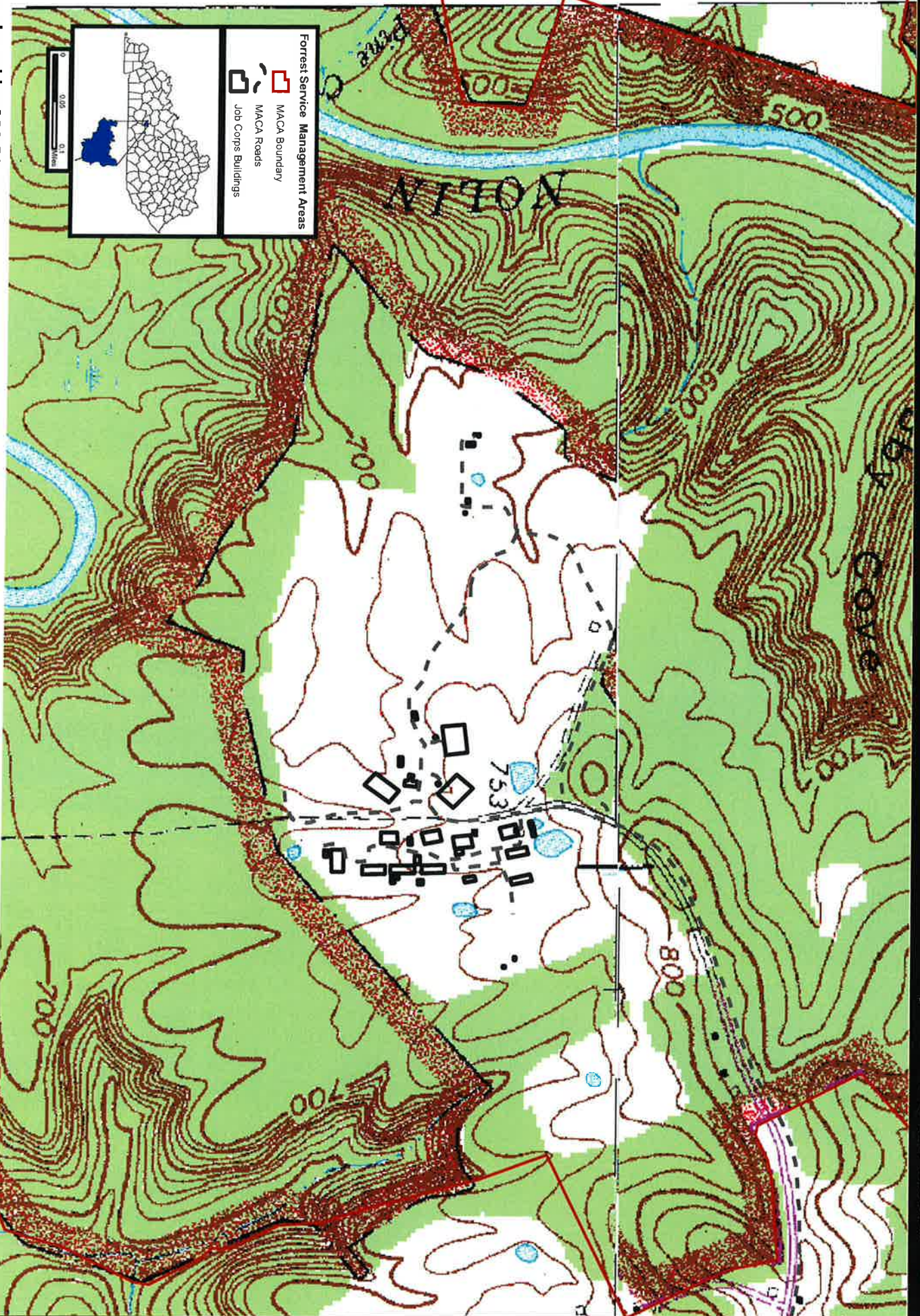
SIGNATURE

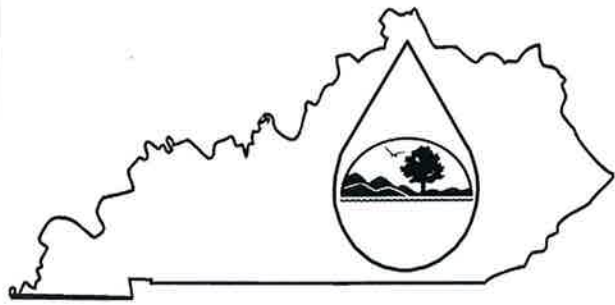


DATE:

12/8/08

Return completed application form and attachments to: **KPDES Branch, Division of Water, Frankfort Office Park, 14 Reilly Road, Frankfort, KY 40601. Direct questions to: KPDES Branch at (502) 564-3410.**





KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: Great Onyx Job Corps											
I. FACILITY DISCHARGE FREQUENCY				AGENCY USE	0	0	6	6	6	2	1
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)											
B. How many days per week?				7							
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): Number of students on-center.											
B. If new discharger, indicate anticipated discharge date:											
C. Indicate the design capacity of the treatment system:				0.30 MGD							

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
01	37	15	17	86	14	50	Nolin River
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				USGS Topo Map			

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)				
If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.				
OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
01	Great Onyx Job Corps	0.030 mgd	Aerated lagoons	3B
			Disinfection-chlorine	2F
			Multimedia filtration	1Q
			Discharge to surface water	4A

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
- ☐ Noncontact cooling water
 ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☒ Yes ☐ No

VII. Discharge to other than surface waters. Check appropriate location:

- ☐ Publicly-owned lake or impoundment
 Name of lake:
- ☐ Publicly-owned treatment works (POTW).
 Name of POTW:
- ☐ Land application of Effluent
- ☐ Surface injection (Check term and identify on map)
 ☐ lateral field;
 ☐ sinkhole;
 ☐ sinking stream;
 ☐ deep well
- ☐ Closed Circuit (Check appropriate term)
 ☐ Holding tank;
 ☐ Mechanical evaporation;
 ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony		<input type="checkbox"/>	Copper		<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Arsenic		<input type="checkbox"/>	Lead		<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Beryllium		<input type="checkbox"/>	Mercury		<input type="checkbox"/>	Zinc	
<input type="checkbox"/>	Cadmium		<input type="checkbox"/>	Nickel		<input type="checkbox"/>		
<input type="checkbox"/>	Chromium		<input type="checkbox"/>	Selenium		<input type="checkbox"/>		

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:

(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:

☐ Wet Weather☐ Dry Weather

Give the number of bypass incidents

per year

per year

Give average duration of bypass

hours

hours

Give average volume per incident

1,000 gallons

1,000 gallons

Give reason why bypass occurs:

B. Number of Overflow Points:

(If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:

☐ Wet Weather☐ Dry Weather

Give the number of overflow incidents:

per year

per year

Give average duration of overflow:

hours

hours

Give average volume per incident:

1,000 gallons

1,000 gallons

C. Number of seasonal discharge points

Give the number of times discharge occurs per year

Give the average volume per discharge occurrence

(1,000 gallons)

Give the average duration of each discharge

(days)

List month(s) when the discharge occurs

X. AREA SERVED (see instructions)

NAME

ACTUAL POPULATION SERVED

Great Onyx Job Corps

250

TOTAL POPULATION SERVED

250


XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS		
Additive	Composition	Concentration (mg/l)

XII. EFFLUENT CHARACTERISTICS			
A. Indicate results of analysis for pollutants listed below.			
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	24	5.4974	51
TOTAL SUSPENDED SOLIDS	30	10.486	51
FECAL COLIFORM	320	8.32	51
TOTAL RESIDUAL CHLORINE	2.20	0.91	51
OIL AND GREASE			
CHEMICAL OXYGEN DEMAND			
TOTAL ORGANIC CARBON			
AMMONIA	3.59	0.7326	51
DISCHARGE FLOW	1.017	0.04	51
pH	8.82	7.92	51
TEMPERATURE (WINTER)	3.0	7.18	15
TEMPERATURE (SUMMER)	31.4	26.35	11

B. Frequency and duration of flow:	Daily continuous
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XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. X Ms. <input type="checkbox"/> Steve Kovar P.E., Chief of Facilities Management	270-758-2101
SIGNATURE	DATE
	12/8/08